

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Anne-Drew's Gentle	CHAPTER 100.1
Address: 94-921 Kahuailani Street Waipahu, Hawaii 96797	Inspection Date: September 3, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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9/24/2019 2:49 PM

STATE OF HAWAII
DOH-OHCA LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Docusate Sodium 100mg OTC medication located in resident's medication basket had expired 7/2019.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I dropped off the expired Docusate Sodium 100 mg OTC medication to CVS Pharmacy Waipahu branch at their Medication Disposal Box after the annual inspection.</i></p> <p><i>I bought for the patient's Docusate Sodium 100mg OTC medication on the same day I dropped off the expired medication. I inspected /checked the label for expiration date 05/21.</i></p>	<p align="center"><i>9/3/19</i></p> <p align="right">RECEIVED 9/24/2019 2:49 PM</p>

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STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
STAFF DEVELOPMENT

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Licensee's/Administrator's Signature: Mary Jean H. Ter
Print Name: 9/4/19 Mary Jeanne Orato, RLC
Date: 9/4/19

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